

CONNECTICUT STATE DEPARTMENT OF EDUCATION
CHILD NUTRITION PROGRAMS
25 INDUSTRIAL PARK ROAD
MIDDLETOWN, CT 06457-1543

FOR STATE USE
SITE NO.

**SUMMER FOOD SERVICE PROGRAM
REQUEST FOR FIELD TRIP/OFF-SITE ACTIVITY**

Only approved meals served at eligible and approved sites may be claimed for reimbursement. However, off-site activities may be accommodated if approved by the State agency in advance.

Requests must be submitted and received at least **one week** prior to the activity.

Name of Sponsor: _____ Agreement No. _____

REQUEST FOR:

Name of Site: _____ Site No. _____

Date of Activity: _____ Location of Activity: _____

Meal Type(s) Eaten Off-site: _____ Approximate No. of Meals: _____

I hereby assure that:

1. Only eligible children will be claimed
2. All meals will meet meal pattern requirements
3. All meals will be properly supervised
4. Proper temperatures will be maintained during transportation and service of meals

(Sponsor's Name, PRINTED)

(Signature of Authorized Sponsor Representative)

(Date Signed)

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Date Received: _____ Date Approved: _____

Approving Official: _____

Sponsor Contacted By: _____ Phone _____ Letter _____ In Person _____ Signed Request Form